



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

CHRONIC PAIN RECOVERY CENTER  
25810 OAK RIDGE DRIVE  
THE WOODLANDS TX 77380

#### **Respondent Name**

TRAVELERS PROPERTY CASUALTY CO

#### **Carrier's Austin Representative Box**

Box Number 05

#### **MFDR Tracking Number**

M4-13-2522-01

#### **MFDR Date Received**

JUNE 3, 2013

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "...The charges under consideration in this dispute were submitted to the carrier via the Carrier's e-billing vendor Jopari Solutions, LLC on the dates of May 24, 2012 (DOS May 14, 2012 to May 18, 2012), June 1, 2012 (DOS May 21, 2012 to May 25, 2012) and June 19, 2012 (DOS June 4, 2012 to June 8, 2012). These submission dates are confirmed in the upper right hand corner of the bills."

**Amount in Dispute:** \$12,625.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "The Provider's Request for Medical Fee Dispute Resolution involves reimbursement for chronic pain management services. The Provider alleges they submitted the billing through the Carrier's e-billing vendor, Jopari Solutions. The Provider further alleges that either the dates of service were rejected on the basis that the claim could not be identified by the Carrier or that no explanation of benefits was received. The Provider subsequently requested reconsideration of the billing at issue, which the Carrier denied as not timely submitted within 95 days of the date of service. As to dates of service 05-14-2012 through 05-25-2012, these dates of service should be dismissed in accordance with Rule 133.307(f)(3)(D) as the Provider failed to timely submit the Request for Medical Fee Dispute Resolution within one year of the date of service as required by Rule 133.307(c)(1)... As to dates of service 06-04-2012 through 06-07-2012, the Carrier contends the Provider failed to timely submit the billing in accordance with Rule 133.20(b). The Provider alleges they submitted billing to the Carrier's e-billing vendor, Jopari Solutions. Jopari Solutions is not the Carrier's e-billing vendor, as the Carrier Utilized P2P for their e-billing solutions. Consequently, the Provider's allegations that receipt of the billing by Jopari equals receipt of the billing by the Carrier under the Division Rules are false. Further, as documented by the Payment Status Report from Jopari Solutions..., the bills for dates of service 06-04-2012 through 06-08-2012... are listed as pending, not submitted and no explanation of benefits is linked on the Status Report... The received date for this billing is 10-01-2012, as documented on the bill image. This billing was received electronically, thus under Rule 102.4(h), the date of submission is 10-01-2012. As this is 116 days after the final date of service at issue, the billing was not timely submitted within 95 days as required by Rule 133.20(b)."

**Response Submitted by:** Travelers, PO Box 163201, Austin TX 78716

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
------------------	-------------------	-------------------	------------

May 14, 2012 through May 25, 2012	Chronic Pain Management Program	\$8,875.00	\$0.00
June 4, 2012 through June 7, 2012	Chronic Pain Management Program	\$3,750.00	\$0.00

### ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 29 – The time limit for filing has expired.
  - TXH3 – Per Texas Labor Code 480.027 [sic], bills must be sent to the carrier on a timely basis, within 95 days from dates of service.

#### **Issues**

1. Was the request for medical fee dispute resolution timely submitted to the Division?
2. What is the timely filing deadline applicable to the medical bills for the services in dispute?
3. Did the requestor forfeit the right to reimbursement for the services in dispute?

#### **Findings**

1. 28 Texas Administrative Code §133.307(c)(1) states: "Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. (A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The dates of the service in dispute that are considered untimely are May 14, 2012 through May 25, 2012. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on June 2, 2013. This date is later than one year after these date(s) of service in dispute. Review of the submitted documentation finds that these disputed services do not involve issues identified in §133.307, subparagraph (B). The Division concludes that the requestor has failed to timely file these dates of service with the Division's MDR Section; consequently, the requestor has waived the right to medical fee dispute resolution for dates of service May 14, 2012 through May 25, 2012 only.
2. In regards to dates of service June 4, 2012 through June 7, 2012, 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. Review of the documentation submitted by the requestor finds that no convincing documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
3. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the

requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

_____	_____	<u>August 28, 2013</u>
Signature	Medical Fee Dispute Resolution Officer	Date

***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**